VAC TRAK

VacTrAK Provider Application

Section 1: Provider Usage Agreement
This form is to be completed by the organization's designated administrator for VacTrAK

The Alaska Division of Public Health (DPH) has established VacTrAK to provide a confidential, computerized system to maintain consolidated immunization records for Alaskans of all ages. Access to VacTrAK is permitted under the terms and conditions prescribed by DPH for the sole purpose of providing information and documentation required to provide immunization services. DPH reserves the right to revoke a user's access privileges at any time.

Please read the following statements. If you agree to abide by these terms, complete the following information. Return the signed agreement to VacTrAK Support at the address shown above.

On behalf of my health care organization, I accept and agree to the following:
1. I will handle information or documents obtained through VacTrAK in a confidential manner.
2. I will restrict the use of VacTrAK to accessing information and generating documentation only as necessary to properly conduct the administration and management of immunization-related duties.
3. I understand that all VacTrAK transactions are logged and are subject to audit for quality assurance purposes.
4. I will not furnish information or documentation obtained through VacTrAK to unauthorized individuals for personal use, nor to any individuals not directly involved with the health care provision as they relate to immunizations. I understand that I may share this information with the patient or the patient's parent or guardian.
5. I will not falsify any document or data entered into or obtained through VacTrAK.
6. I will not attempt to copy in any unauthorized fashion all or part of the VacTrAK database or the software used to access the VacTrAK database.
7. I will safeguard information relating to VacTrAK access privileges and password and will not permit their use by any other person.
8. I will report any perceived threat to or violation of VacTrAK security to DPH.
9. I agree to comply with the policy and procedures outlined in the Roles and Responsibilities document appended here and available on the VacTrAK homepage.

_____   _____   _____
VacTrAK Administrator (name)   *VacTrAK Administrator (signature)*   *Date*

Alaska Division of Public Health
Prevention Promotion Protection

Section 2: Organization Information
To be completed on all facilities within the organization that will submit data to VacTrAK

Location Information

Please provide the information for the main office of your organization. If you have additional facilities, that information should be listed on the following page.

_____
Organization/Practice Name (Referenced as IRMS Name in VacTrAK)

_____   _____
VacTrAK Administrative Contact Name   *Administrator E-mail Address (required)*

_____
Mailing Address (Street or Post Office Box)   *City / Town / Village*   *Zip Code*

_____
Physical Address   *City / Town / Village*   *Zip Code*

_____   _____
Administrator Phone Number   *Fax Number*

Additional Information

Estimated number of patients in your organization: Average number of vaccinations given:

_____ All patient records   per day _____

_____ All active patient records   per week _____

Are you a birthing facility?   ____ Yes   ____ No   If yes, average number of births / month: _____

Age range of patients seen: _____

Contact Information

There are three types of VacTrAK contacts. The Administrator information should be listed with each facility. Please designate the other two contacts below.
> **Administrative Contact** – person responsible for VacTrAK related issues & authorization of users
> **Technical Contact** – individual who assists provider with technical support or assistance
> **Quality Assurance Contact** – party to receive notification of records needing provider resolution

Technical Contact Name_____ Phone Number_____

Technical Contact Email_____

Quality Assurance Contact Name_____ Phone Number_____

Quality Assurance Contact Email_____

Additional Facility Information

Additional Facility

_____
Facility Name

_____   _____
VacTrAK Facility Administrative Contact Name   *Administrator E-mail Address (required)*

_____
Mailing Address (Street or Post Office Box)   *City / Town / Village   Zip Code*

_____
Physical Address   *City / Town / Village   Zip Code*

_____   _____
Administrator Phone Number   *Fax Number*

Additional Facility

_____
Facility Name

_____   _____
VacTrAK Facility Administrator Name   *Administrator E-mail Address (required)*

_____
Mailing Address (Street or Post Office Box)   *City / Town / Village   Zip Code*

_____
Physical Address   *City / Town / Village   Zip Code*

_____   _____
Administrator Phone Number   *Fax Number*

If you have facilities that do not fit in the space above, please fill in additional sheets.

Instructions:
User Authorization for VacTrAK

To provide for the most accurate understanding of user accesses, privileges, and permissions, please review the following information prior to filling out the "Request to Modify VacTrAK Users" form.

As the **Facility Administrator**, you will authorize VacTrAK Support to:
- Create and update VacTrAK User names and passwords for your clinical staff
- Change the VacTrAK access level and permissions of your clinical staff
- Inactivate user accounts for staff that are no longer a part of your organization

Adding Users:
Please print the full name of staff members in your facility that you wish to authorize access to VacTrAK and mark the desired privileges described below. Non-User physicians and clinical staff who are vaccinators only may be added without access privileges. (You only need to list individuals you wish to add, not those already using the system). A middle initial is required to help us create unique usernames. If an individual does not have a middle name, enter N/A.

- **Credentials**: Post-nominal letters indicating the degree/certificate earned i.e., MD, DO, ANP, RN, LPN, CMA, etc
- **User Privilege** level determines how a user interacts with VacTrAK. There are three available options when assigning user access to the system:
    - **View**: Users may view patient and vaccination records but cannot edit records. They may also print patient-specific reports
    - **Edit**: Users may view, add, edit and print patient and vaccination records
    - **None**: Use this when you want to indicate a physician or vaccinator that is not a system user
- **Physician/Vaccinator**
    - **Physician:** Indicates the patient's primary care provider. The name will appear under the physician dropdown list on the *Patient Demographics* page. *__Does not have to be a user to be listed as a physician__*
    - **Vaccinator:** The name will appear on the vaccinator dropdown list on the *Administered Vaccine Detail* page. *__Does not have to be a user to be listed as a vaccinator__*
    - **Neither:** Check this when the user is neither a physician nor a vaccinator
    - Check both the physician and vaccinator if the physician also administers vaccines
- **Lot Number Manager Access**: (Limited to no more than 2 per facility) Ability to add, update, and inactivate the vaccine lots available at your facility. This permission allows the user to run the state vaccine accountability reports (see *Inventory Quick Reference Guide*)

Authorization of Users Form
Please fill out a separate form for each facility

Access Level	First Name	M. Initial (Required)	Last Name	Credentials (MD, ANP, RN, CMA, etc.)	User Privilege (choose one)	Physician/ Vaccinator (all that apply)	Lot Number Manager
☐ IRMS ☐ Facility					☐ View ☐ Edit ☐ None	☐ Physician ☐ Vaccinator ☐ Neither	☐ Yes ☐ No Limited to 2
☐ IRMS ☐ Facility					☐ View ☐ Edit ☐ None	☐ Physician ☐ Vaccinator ☐ Neither	☐ Yes ☐ No Limited to 2
☐ IRMS ☐ Facility					☐ View ☐ Edit ☐ None	☐ Physician ☐ Vaccinator ☐ Neither	
☐ IRMS ☐ Facility					☐ View ☐ Edit ☐ None	☐ Physician ☐ Vaccinator ☐ Neither	
☐ IRMS ☐ Facility					☐ View ☐ Edit ☐ None	☐ Physician ☐ Vaccinator ☐ Neither	
☐ IRMS ☐ Facility					☐ View ☐ Edit ☐ None	☐ Physician ☐ Vaccinator ☐ Neither	
☐ IRMS ☐ Facility					☐ View ☐ Edit ☐ None	☐ Physician ☐ Vaccinator ☐ Neither	
☐ IRMS ☐ Facility					☐ View ☐ Edit ☐ None	☐ Physician ☐ Vaccinator ☐ Neither	

(Use *'Request to Modify VacTrAK Users'* form for other names)

By signing below, I indicate that I have read and understand the Provider Usage Agreement on page one and the Roles and Responsibilities Document. I agree to comply with and enforce compliance of the stated provisions for all users I authorize. Furthermore, I understand any violation of these provisions may result in termination of my access privileges and may be considered a violation of HIPAA regulations.

I understand that I am responsible for the actions of the staff listed above. I am authorized by my supervisory position to accept such an agreement on behalf of my health care facility or organization.

_____

Facility Name

_____   _____

Facility Administrator Name   *Telephone Number*

_____   _____

Facility Administrator Signature   *Date*

Section 3: Electronic Data Exchange
To be completed by organizations planning to exchange data with VacTrAK electronically.

System Information

_____ _____ _____
Electronic Health Record Software Name *Software Vendor* *Version*

_____
Vendor's Off-Site Technical Leader (if applicable)

_____ _____ _____
Phone *Fax* *Email*

Type of Software *(check all that apply)*	Length of time system has been in use
	We have used the system for: | We plan to go live with the system in: *or*
☐ Full EHR	☐ ≤ 6 months | ☐ ≤ 6 months
☐ Billing and Scheduling	☐ 7 - 23 months | ☐ 7 - 23 months
☐ Billing only	☐ ≥ 24 months | ☐ ≥ 24 months

Data Included

Data Fields					Historical Immunizations
How is the following information documented in your EHR?					Does your database contain dates for immunizations administered previously by other providers (i.e., historical immunizations)?
	Captured Y N		Required Y N	Method (Free text/Choice list)	
Lot number	☐ ☐		☐ ☐	_____	
Manufacturer	☐ ☐		☐ ☐	_____	☐ Yes ☐ No
Expiration date	☐ ☐		☐ ☐	_____	If yes, how was it populated?
VFC eligibility	☐ ☐		☐ ☐	_____	☐ Entered as patient appeared for visits
Guardian Field	☐ ☐		☐ ☐	If no, what is available:	☐ Migrated from another system
☐ Next of Kin ☐ Responsible Party ☐ Guarantor ☐ Other					☐ Scanned in

Data Exchange

Proposed Method of Exchange*	Type of Exchange	Codes	
		Which vaccine codes are used?	Who is responsible for code maintenance?
☐ One-Way	☐ HL7 Realtime	☐ CPT	
	☐ HL7 Batch	☐ CVX	☐ Vendor
☐ Bi-Directional		☐ NDC	☐ Provider
	☐ Flat File	☐ Don't know	☐ Don't know

* One-way = <u>To</u> VacTrAK only
Bi-directional = <u>To</u> VacTrAK <u>and</u> electronic return to your record system